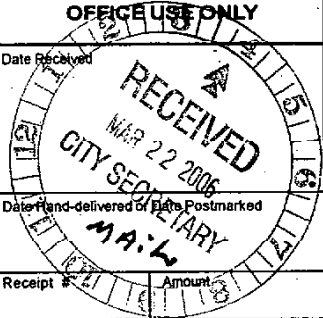
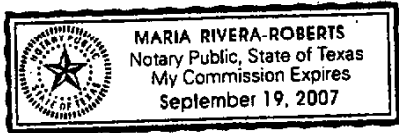


# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 ACCOUNT #		2 Total pages filed: 2		<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
3 COMMITTEE NAME Friends of Bill White		4 TREASURER NAME FIRST MI LAST Matt Simmons			
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify)					
6 ORIGINAL PERIOD COVERED Month Day Year 7 / 1 / 2005 THROUGH 9 / 29 / 2005					
7 EXPLANATION OF CORRECTION Return of recently discovered excess contribution of \$2,500 received and deposited in September, 2005 and reported accordingly. The total political contributions for this report period is \$389,499.61.					
8 AFFIDAVIT <div style="display: flex; justify-content: space-between;"><div><p>AFFIX NOTARY STAMP / SEAL ABOVE</p></div><div><p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p><p>Check ONLY if applicable:</p><p><input type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p><p><u>Matthew Simmons</u> Signature of Campaign Treasurer</p><p>Sworn to and subscribed before me by <u>Matthew R. Simmons</u> this the <u>17th</u> day of <u>March</u>, 20 <u>06</u></p><p>to certify which, witness my hand and seal of office.</p><p><u>Maria Rivera-Roberts</u> Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p></div></div> <div style="text-align: center;"><b>Remember to Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</b></div>					

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages this Schedule A: 1	
<b>2</b> FILER NAME Friends of Bill White		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 9/29/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Akin, Gump Strauss Auere Feld, LLP	<b>7</b> Amount of contribution (\$) \$2500.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code [REDACTED] Houston, Texas 77002-5200			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

